



UPHOLD ANNUAL REPORT 2003

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TABLE OF CONTENTS

PROJECT OVERVIEW	I
CREATING A SOLID FOUNDATION	2
District Selection	2
Regional Offices	3
Strategies in Conflict Areas	4
Staff Recruitment	5
Fostering Strategic Partnerships and Collaborations	5
The Annual Plan	6
EFFECTIVE USE OF SOCIAL SERVICES	7
Improved Quality of Services	7
Increased Access and Availability of Services	9
Positive Behavior Change	10
INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES	11
Forging Partnerships with the Private Sector	12
Monitoring and Evaluation Goals and Achievements	13
STRENGTHENED ENABLING ENVIRONMENT	14
Increased Community Participation and Advocacy	14
Implementation of Effective Sectoral and National Policies	14
Grant Efforts	15
CONSTRAINTS AND CHALLENGES	17
LOOKING AHEAD	18
APPENDICES	19

Dear Partners,

This program began in December 2002 in a one room office in a hotel in Uganda with dedicated partners, 5 staff members and an ambitious 100-day plan. A year later, UPHOLD has a two floor office in Kampala, six regional offices, 65 staff members and is the largest USAID program in Africa. UPHOLD's values of excellence, innovation, empowerment, boundarylessness, responsible speed and team work create the foundation for an integrated multisectoral and holistic approach that results in a free flow of ideas across programs and among partners. This is a significant achievement considering the diversity of stakeholders.

UPHOLD consists of 7 consortium members, 4 ministries, 3 sectors, 20 districts and is focused at both the national and district level. By facilitating a collaborative spirit, UPHOLD not only built district capacity in education, health and HIV/AIDS, it also championed communication among these groups and managed to begin transforming the ways in which people work. Building on this momentum, UPHOLD worked, in only eight weeks, to support the design and implementation of the Government of Uganda's mass measles communication campaign, which is one of the most successful health efforts in the history of the country. It contributed 1.3 billion Uganda shillings and substantial technical assistance that led to the immunization of 13 million children - over 95% of children in Uganda, which is nearly 50% of the total population.*

Working under the unequivocal leadership and guidance of both USAID and the Government of Uganda, UPHOLD managed to establish a strong presence in 20 districts in Uganda, eight of which are in conflict areas. Due to insecurity, access to affected populations is limited and it is widely reported that the health situation has deteriorated. UPHOLD worked closely with key partners to strategize solutions around these difficulties and is proud to have provided malaria treatment to over 100,000 children under the age of 5 living in the conflict affected areas of Kitgum and Gulu.

Given operational and logistical challenges that are typical of a start-up year, and in spite of the constraints of working in areas of conflict, UPHOLD has achieved significant milestones. This report chronicles the successes and challenges in the first year of this five-year endeavor. It has taken commitment to meet these challenges, perseverance to maintain productivity and great partners to realize goals. UPHOLD has thrived and looks ahead with certainty because these partnerships are built on understanding, trust and implementation of true participatory processes. The credit goes to the entire UPHOLD staff and all our partners for dedication towards our common goal of eradicating poverty.

Thank you for your continued support.

*Sincerely,
Nosa Orobato MD, DrPH.
Chief of Party*

** UPHOLD is managed by John Snow Research and Training Institute, Inc. (JSI) and the members are American Institutes for Research (AIR), Education Development Center, Inc. (EDC), The Futures Group International, The Malaria Consortium, The Manoff Group, Inc. and World Education.*

PROJECT OVERVIEW



The Uganda Program for Human and Holistic Development (UPHOLD) works to assist Ugandans to achieve longer and more productive lives through interventions in three integrated social sectors: Education, Health and HIV/AIDS. The primary beneficiaries are Ugandan children, women and men living in 20 districts across Uganda.

UPHOLD's holistic approach to development entails six cross-cutting themes: **1)** an integrated, multi-sectoral approach that builds human capacity and creates synergy between interventions; **2)** strengthening effective partnerships and dialogue between the public sector, the private sector, civil society, families and communities; **3)** building on the existing strengths and opportunities of Uganda's wealth of human and socio-cultural resources; **4)** a behavior-centered orientation that focuses on understanding and strategically addressing human motivations and constraints in taking specific actions; **5)** improving quality assurance systems; and **6)** systems thinking based on strategic analysis and planning and creative processes.

This report presents a summary of key accomplishments of UPHOLD from December 2002 to December 2003. It is divided into four sections outlining the start up phase and key intermediate results areas, which are consistent with the program goals and USAID Strategic Objective 8. USAID Strategic Objective 8 (Improved Human Capacity) seeks to stabilize population growth, decrease child and maternal mortality, improve educational status and reduce spread of HIV/AIDS/STI. The report concludes with a discussion of the challenges facing implementation and a look to the future.

CORE AREAS OF TECHNICAL INTERVENTIONS

Primary School Education: UPHOLD works to: 1) improve teacher effectiveness, 2) facilitate dialogue and consensus-building between families, communities, teachers and other stakeholders, 3) build capacity at decentralized levels in planning, management and supervision, and 4) facilitate the use of innovative tools and approaches to improve children's learning.

HIV/AIDS: UPHOLD strengthens services for primary school education, Voluntary Counseling and Testing (VCT), Preventing Mother To Child Transmission of HIV (PMTCT), managing Sexually Transmitted Infections (STI), supporting People Living With HIV/AIDS (PLWHA), Information Education and Communication (IEC) and other behavior change strategies.

School Health and Nutrition: This is UPHOLD's most strategic technical area as it provides opportunities for the effective integration of health, primary school education and HIV/AIDS interventions.

Integrated Reproductive Health: UPHOLD promotes safe motherhood through: 1) improved antenatal care services, 2) gender-sensitive behavior-centered strategies promoting dialogue and decision-making in families and communities, and 3) improving access and utilization of quality family planning services and methods.

Child and Adolescent Health: UPHOLD supports the Integrated Management of Childhood Illnesses (IMCI) and Community IMCI, childhood immunizations, and promotes youth-friendly services.

Nutrition and Growth Promotion: UPHOLD addresses vitamin A & micronutrient supplementation, exclusive breastfeeding, and community-directed growth promotion.

Communicable Disease Control: UPHOLD addresses malaria and tuberculosis, as well as schistosomiasis (bilharzia), in an integrated multi-sectoral approach.

CREATING A SOLID FOUNDATION



UPHOLD engaged fully in the start up phase by acting efficiently on logistical and operational set up goals as well as executing various strategic planning initiatives. With the aim of intensifying opportunities for collaboration, coordination and integration of services, UPHOLD formed partnerships and established dialogues with key community stakeholders.

Establishing a clear program identity was one of the first steps towards building partnership and collaboration.

UPHOLD pretested its name and logo in 14 local languages across the country. The findings revealed that the intended image and meaning were well understood and positively perceived by the large majority of stakeholders at all levels.

UPHOLD means to lift up, to support, to sustain (by working in) partnership, collaboration, harmony (and with) joy, happiness, optimism.

— Interpretations of UPHOLD's name and logo as reported by 150 pretest respondents

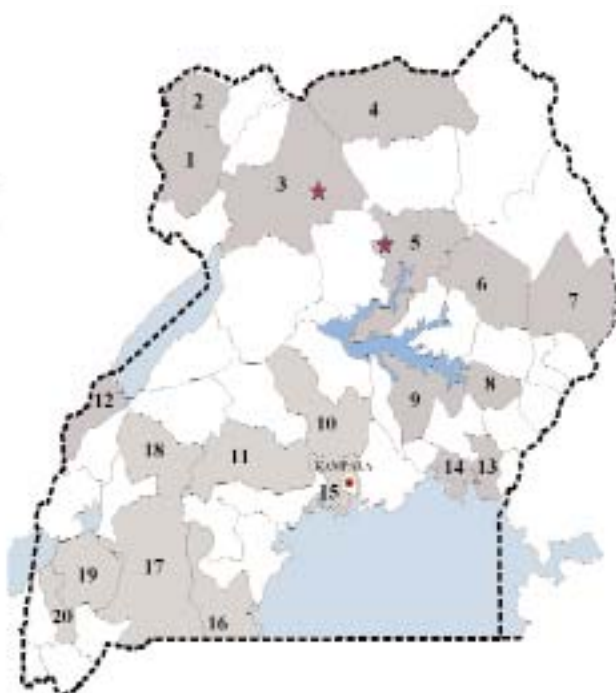
District Selection

Utilizing three Government of Uganda (GOU) determined criteria – equity, district strengths and high poverty index – UPHOLD, under USAID leadership, provided technical assistance to the GOU team responsible for selecting the 20 target districts for program interventions. (See map below for a

complete list).

The approach used for selection was integrated and led by the Ministry of Health (MOH), Ministry of Education and

Sports (MOES) and USAID. It was also informed by objectively verifiable data, the concept of best practices as a broad measure of ensuring sustainable development capacity and the principle of creating true partnership by creating a process whereby all stakeholders are considered with their concerns weighed and synthesized.



Map of UPHOLD supported districts

1. Arua 2. Yumbe 3. Gulu 4. Kitgum 5. Lira 6. Katakwi 7. Nakapiripirit 8. Pallisa
9. Kamuli 10. Luwero 11. Mubende 12. Bundibugyo 13. Bugiri 14. Mayuge 15. Wakiso
16. Rakai 17. Mbarara 18. Kyenjojo 19. Bushenyi 20. Rukungiri
(See the population characteristics of each district in Appendix A)

During the year, UPHOLD held meetings to confirm its approach to district entry by undertaking a careful process for district roll-out that culminated in the development of resources to share with districts including: presentation tools, handouts and the document “UPHOLD Strategic Framework: Working Document for Dialogue with District Stakeholders.”

INTEGRATED SELECTION EXERCISE

UPHOLD works in 20 districts, covering both health and education components. Working with the MOH, MOES and supported by USAID, UPHOLD identified the common set of districts for programme interventions through a four- stage process.

1

Identified the districts that overlapped.

2

The MOH team made its case for its non-overlapping districts. Comparison was made with the MOES choices, criteria was balanced up and consensus was achieved.

3

The MOES team made a case for their remaining non-overlapping districts using the same process employed in stage 2.

4

After each of the ministries finalized its own part of the exercise, the two parties, together with USAID and UPHOLD worked to synthesize an integrated list of the final 20 districts. Final district selection was made on April 24, 2003.



UPHOLD meeting in Gulu

Regional Offices

A key activity during this first year was an analysis of the placement of regional offices. Decision-making criteria for the analysis included geographic location, accessibility, infrastructure and communications, and capacity to accommodate regional meetings. The end goal is to provide efficient, cost-effective, and essential support to decentralized levels (including district, sub-district, parish and community levels) so as to contribute to the net improvement in the lives of UPHOLD’s beneficiaries. On this basis, five regional offices were established in Wakiso (covers 4 districts), Jinja (4 districts), Gulu (4 districts), Lira (3 districts) and Mbarara (5 districts).

During the course of the year, the need for a sixth regional office was highlighted as a potential constraint to effective program implementation in Bundibuygyo and Kyenjojo Districts. Both districts were underserved and experienced the effects of conflict and instability. In response, an office in Fort Portal was established. As of December 2003, all six regional offices are fully operational.

Strategies in Conflict Areas

Eight of the twenty districts supported by UPHOLD are in areas where conflict and insecurity present significant challenges to implementation of core interventions. Two of the districts, Kitgum and Gulu, have been the site of an ongoing conflict for the last 17 years resulting in major population displacements with over 600,000 people now living in Internally Displaced Persons (IDP) camps within the two districts. This represents 80% of the district population in Gulu and has increased from about 45% of the district population in Kitgum, to recently about 80% now in registered camps (this reflects some population movements and also recognizes some new official camps).

Understanding the existence of conflict and instability, UPHOLD established collaborative relationships and supported district authorities with technical planning and grant development in the effort to support the affected populations. UPHOLD accepts both in principle and in practice, that program approaches in conflict affected areas must be adaptive and flexible from conception to implementation. To that end, a strategy document for working in conflict areas outlining these approaches was drafted and shared with stakeholders. Additionally, UPHOLD joined USAID and other USAID-funded partners in signing a Statement of Collaboration that calls for further collaboration on the implementation of services in conflict-affected districts.

“UPHOLD is undertaking a careful process for district roll-out which reflects many of its **FUNDAMENTAL PRINCIPLES** including stakeholder involvement, decentralized focus, capacity building and people centered results.”



Staff Recruitment

UPHOLD's staffing strategy focuses on the identification and recruitment of high-caliber professionals who have the training, experience, work ethic and mindset needed to promote the program's core values and to help achieve its expected results. Sixty-nine detailed job descriptions were developed and used as a key element of the recruitment process, which is rigorous, participatory and transparent. Over 220 interviews were conducted which entailed an investment of more than 1,200 person-hours. UPHOLD continues to make significant progress in recruiting competent and committed staff for technical, financial, administrative and support positions. As of December 2003, UPHOLD has filled 65 staff positions which represents 79% of all staff positions. A complete list of staff is provided in Appendix B.

“Whilst the decentralized system of public services requires working closely with districts, we hope that in the interest of sustainability, (UPHOLD) will work closely with the MOH. On one hand this will ensure that UPHOLD activities remain in keeping with MOH priorities, and on the other it will discourage duplication and enable sharing of lessons learned. We look forward to working closely with you.”

— Comment from MOH



Alice Mundaka, Regional Director, Ruwenzori Region, Tommy Thompson, US Secretary of Health, and Jimmy Kolker, US Ambassador to Uganda

Fostering Strategic Partnerships and Collaborations with Other USAID-funded Programs

UPHOLD partners with MOH, MOES, the Ministry of Gender, Labour and Social Development (MGLSD) as well as other USAID-funded programs. Better coordination among these programs enhances efficiencies and adds more value to program efforts. For example, following relocation to its permanent office in Nakawa House, UPHOLD effectively gained co-location with two other USAID programs: AIDS Integrated Model district programme (AIM) and Strengthening Decentralisation in Uganda (SDU). This close cooperation promoted coordination of activities and enhanced efficiencies in the use of resources. It also provided new opportunities for the exchange of ideas in grant strategies, partnership formation in the districts and intensified collaboration in technical areas.

Co-location also facilitated useful networking and information sharing. For example, SDU recommended a consultant that assisted UPHOLD to advance the implementation of activities associated with District Development Plans and District Budget Frameworks for 16 of the 20 districts. This allowed for direct dialogue with the districts and was central to planning and development of strategy documents and the first year Annual Plan. SDU plans to support UPHOLD in the identification of strategies that strengthen the capacity of school management committees.

Other collaborative opportunities have flourished. In September, coordination meetings between AIM, UPHOLD, Uganda AIDS Control Project (UACP) and Global Fund were held at Nakawa House. There were discussions on the different grants mechanisms, monitoring and evaluation and district planning, which resulted in a shared understanding of the modalities of the other projects. There was also an agreement to conduct joint planning at the district level for the overlapping districts. UPHOLD also worked closely with DELIVER to co-finance logistics training for participating UPHOLD districts and will work to increase condom access to communities.

The Annual Plan

In keeping with UPHOLD's principle of stakeholder consultation and participation, a five step process was utilized to develop the Annual Plan. The process ensured that UPHOLD's priorities simultaneously reflect national priorities, technical soundness and stakeholder buy-in.

The priorities identified in the annual plan were developed from a detailed analysis of the strengths, weaknesses, opportunities and threats (SWOT) existing within national policies and priorities as well as the overall social sector environment.

A three-pronged strategy was employed in the distribution of the draft plan. The first included an oral presentation to USAID followed by a formal submission of the document. The second was an interactive approach that entailed distribution to central government stakeholders and multilateral organizations by an UPHOLD technical specialist who used the opportunity to provide a brief update on UPHOLD's activities as well as to obtain feedback on technical and other programmatic ideas. The third prong of the strategy was linked to distribution at the district level and involved modifying the document to promote dialogue between UPHOLD and the districts, as well as to build consensus on shared priorities by participatory planning.

Following the circulation of the annual plan to key partners, UPHOLD has received feedback from key central government partners, namely the MOES, MOH, MGLSD, and the Ministry of Local Government (MLG), as well as USAID.

FIVE STEP PROCESS USED TO DEVELOP ANNUAL PLAN

1

Conduct a situational analysis and a stakeholders' analysis, which included a review of national policies and priorities and an examination of Strengths, Weaknesses, Opportunities and Threats (SWOT) in the three sectors.

2

Develop strategic frameworks and technical activity plans for each technical area based on the information gathered in Step 1 and in consultation with stakeholders and partners.

3

Merge separate strategies and technical plans and develop a single multisectoral preliminary annual plan using USAID's Integrated Results Framework.

4

Present the preliminary Annual Plan to key stakeholders for review and discussion. The Plan, along with the 20 District Development Plans and Budget Frameworks, serves as a basis for discussion and planning upon UPHOLD's entry into the districts.

5

Revise the Preliminary Annual Plan based on feedback and dialogue with stakeholders at the central level and in the 20 districts.

EFFECTIVE USE OF SOCIAL SERVICES



In seeking to establish an effective presence, UPHOLD adopted a flexible, cost-efficient implementation strategy that is cognizant of national policies, the realities of conflict and the need to collaborate with stakeholders in the community.

Improved Quality of Services

UPHOLD provided technical assistance by facilitating workshops and sponsoring training sessions that demonstrate strides towards the goal of improving quality of services. These efforts primarily included assessing, developing and disseminating performance standards and functional work plans. For example, in conjunction with the MOH and WHO, UPHOLD provided technical assistance to a National Training of Regional Paediatricians on the National Referral Care Package. At this two-day training session, 11 paediatricians from 8 hospitals were trained. As a result, **12 out of the 20 UPHOLD supported districts gained new information and skills needed to improve quality of care of sick children.** Another outcome from such activities is the development of strategies to promote routine immunization services.

One of the most notable outcomes in this intermediate result area is the support provided to the MOH national Mass Measles Campaign. The campaign, which was supported by World Health Organization (WHO), United Nations Children's Fund (UNICEF) and Centers for Disease Control and Prevention (CDC), targeted children between the ages of 6 months and 15 years by providing measles immunization and, depending on age group, vitamin A capsules, mebendazole (for deworming) and tetanus toxoid vaccine (for girls). **13 million children were immunized.** At the request of MOH, UPHOLD provided 400 person hours of technical assistance and 1.3 billion Uganda shillings (US\$684,211) for the development, production, and distribution of communication resources in 15 languages to support social mobilization for the campaign. UPHOLD was charged with the responsibility of:

- Reporting findings on community attitudes and perceptions in relation to measles, mass immunization and routine immunization
- Developing and distributing communication resources for all communities in the 20 UPHOLD supported districts as well as the other 36 districts in the nation
- Making a post-campaign communication evaluation

INTERVENTION	TARGETED AGE GROUP	TARGETED POPULATION	COVERAGE (#)	COVERAGE (%)
Mass measles campaign	Children 6 mths – 15 yrs	12,861,020	13,458,675	105%
Vitamin A supplementation	Children 6mths- 5 yrs	4,583,266	4,838,253	106%
Deworming	Children 5- 15 years	7,929,905	6,926,935	87%
TT coverage*	Women 15-49 yrs	618,120	536,807	87%

Results of the MOH Mass Measles campaign carried out between 15th – 19th October 2003

* The Tetanus Toxoid campaign was implemented in the five districts of the Busoga region (Jinja, Kamuli, Iganga, Bugiri and Mayuge).

The measles campaign coincided with the third TT coverage campaign. The number/percentage shows the women who received three doses.

To that end, UPHOLD maximized the expertise of the private sector to provide various services to the campaign. As a result: 1) Steadman Research Services conducted formative research and pretested creative concepts for the communications strategy, 2) VR Promotions designed, produced and distributed below-the-line print materials for 56 districts, and 3) Lowe-Scanad, Inc. designed, produced and distributed above-the-line communication resources for nationwide distribution. This exercise forged public-private partnerships that are available to the government to utilize in the future.



Adolescent school girls getting immunized

CHILDREN HELPING OTHER CHILDREN get immunized against measles.

While visiting an immunization site in Gulu, we witnessed an interesting situation as children exerted peer pressure to convince some of their friends who, for one reason or another, were not comfortable with being immunized. Two children who had not been immunized at school were persuaded by others to do so on the way home! The conversation went something like this:

A girl who had been immunized told the other children: “You who never got immunized at school! Make sure you get immunized before you reach home!”

A young boy replied: “But I am afraid of the injection.”

Another young girl said: “I am afraid of injections too. But it's not all that bad. I cried a little but now I am safe from measles... just go ahead and try. It won't be all that painful.”

Another excuse came up from the boy: “This mass campaign will continue tomorrow so if I got the injection today, they would give me another in school.”

The first little girl was ready with an answer: “No, don't worry. They give cards and the small yellow man on the sticker. You will get a card from here and take it with you to school as proof of having already been immunized. That way you will not be immunized twice.”

The young boy seemed to have run out of excuses. He walked slowly, being encouraged by his friends, and got immunized. A second one, seeing that his friend was immunized and did not even cry, walked ahead and got immunized too.

— Excerpt from report by Christine Lalobo,
Regional Director, North Region

13 million Lapel Stickers for immunized children • **2 million** Activity Sheets for primary school children
477,340 Question & Answer Brochures for opinion leaders • **461,540** Leaflets for general public • **225,176** Posters
141,763 Cover Letters from national authorities • **100,000** Bumper Stickers • **2,000** Tshirts and Caps
Daily radio spots on **33** stations • Newspaper ads in **7** newspapers • Daily Television Spots on **2** national stations

UPHOLD was similarly active in the education sector. UPHOLD sponsored 120 educators (six from each of the 20 districts) to attend the 3rd Pan African conference on Reading For All. Educators included primary school teachers, head teachers, district school inspectors, district education officers and Coordinating Center Tutors (CCTs). As a result, twenty district draft work plans were created based on creative ideas to promote a culture of reading and effective literary practices in twenty schools and their communities. It is expected that there will be improved student performance as well as an improved enabling environment for effective reading practices in the schools and their communities.

“I intend to establish a reading club for boys and girls in my area of residence by availing to them reading materials at my disposal.”

– Inspector of Schools, Wakiso District
(Reading For All Conference participant)

Increased Access and Availability of Services

UPHOLD actively participated in supporting innovative and effective service delivery avenues that increase availability of services. For example, UPHOLD partnered in various central level technical meetings to plan and coordinate VCT and PMTCT services across the country.

Despite constraints of working in conflict areas, UPHOLD successfully reached many of the internally displaced camps in Gulu and Kitgum.



Students in one classroom, Kitgum

In collaboration with project partners and USAID, UPHOLD has acquired 604,000 doses of Homapak – a drug for treating malaria. Over 100,000 children under the age of 5 have already been treated.

As a member of the Insecticide Treated Nets (ITNs) Working Group, UPHOLD is involved in discussion of policies and guidelines pertaining to ITNs, including plans to pilot the national voucher scheme and develop a vector control plan for support through the Global Fund. The program also successfully purchased 24,000 ITNs for distribution to the districts of Gulu and Kitgum. Additionally, 350 Community Owned Resource Persons (CORPs) were trained in Home Based Management of Fever (HBMF) strategy and on average, 60% reported on a monthly basis in Kitgum & Gulu districts.

Positive Behavior Change

UPHOLD has been successful in the implementation of various initiatives that have promoted and resulted in positive behavior change. UPHOLD moved forward in promoting the effective integration of malaria control and antenatal care by working with partners to gather baseline information from Antenatal Care (ANC) facilities and developing key messages on malaria in pregnancy for future behavior change communication strategies. In Gulu and Kitgum, focus was placed on increasing the proportion of pregnant women receiving Intermittent Presumptive Treatment (IPT) and regularly sleeping under ITNs. This entailed visiting health centers and camps, conducting focus groups and assessing health data. Also, a survey on anaemia and haemoglobin levels was conducted on children in four camps in Kitgum, draft health education workplans have been developed by each District and key messages on malaria prevention, control and treatment have been drafted. In a campaign beginning in January 2004, 60% of pregnant mothers and children under 5 will be reached with malaria prevention and control activities.



In collaboration with project partners and USAID, UPHOLD has acquired 604,000 doses of Homapak—a drug for treating malaria. Over 100,000 children under the age of 5 have been treated at internally displaced camps in Gulu and Kitgum.

INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES



In working towards supporting sustainable systems, UPHOLD has been involved in synchronizing efforts and initiating dialogue to strengthen and support various district level initiatives. This continues to be achieved by applying a clearly defined process of establishing relationships with stakeholders and supporting them to develop technical agendas and proposals.

This process included:

- 1) Initial courtesy calls to introduce UPHOLD to district authorities
- 2) Stakeholder meetings to discuss priorities and identify a common technical agenda
- 3) A series of technical assistance and consultation visits to develop, review and finalize grant proposals.



Establishing relationships and a common technical agenda between UPHOLD and district stakeholders culminated in the development of district proposals to UPHOLD for funding and technical assistance. As of December 2003, UPHOLD engaged in direct interactions with all 20 participating districts and received 18 draft grant proposals from district local governments. Additionally, UPHOLD produced documentation of stakeholder meetings and meeting outcomes as well as a detailed summary of the preliminary technical priorities identified by each of the 20 districts. See Appendix C for a list of all documents created by UPHOLD. These documents are available upon request.

UPHOLD actively participated in providing districts with support to develop their human and technical capacities with a decentralized focus. The Mayuge District case study (see Appendix D) serves to illustrate the typical process followed by UPHOLD in providing support to strengthen human capacity for

planning, management and monitoring.

District support activities and processes used to generate technical agendas and grant proposals have resulted in a number of key lessons including:

- The planning process used by the district teams is department-driven and sectoral. UPHOLD and central government stakeholders will therefore need to continue nurturing an interdepartmental and multi-sectoral approach to improve planning and implementation of integrated social services.
- The District Planners were not routinely involved in the process to develop grant proposals yet is an important resource for the planning exercise. The increased participation of the District Planners will accelerate and improve the process and lead to stronger proposals.
- The District Education Departments will need more support in planning exercises as they had more difficulty in conceptualizing objectives and planned activities, than any other sector departments.

- The district plans and grant proposals are works-in-progress. UPHOLD will therefore continue to work with district teams within the framework of the national planning process to improve technical strategies and foster synergies between the activities and departments.

UPHOLD's operating principle is to strengthen the multisectoral approach to POVERTY ERADICATION and promote stronger PARTNERSHIPS between the public sector, the private sector and civil society at a decentralized level.



District officials and UPHOLD consultants on the field

Forging Partnerships with the Private Sector

UPHOLD commenced work with the private sector to increase their role in service delivery by training private healthcare providers. For example, UPHOLD provided technical assistance to train twenty private health care providers including members of Uganda Private Midwives Association (UPMA), other private midwives, clinical officers, nurses and drugstore owners from Mbarara district. These trainees will extend their skills to an estimated 4,000 clients including children, whom they care for each month. As a result, their clinical skills were built in to provide quality services in this district and public-private partnerships were also increased and strengthened.

UPHOLD's partnership with UPMA has enabled the organization to improve its strategic planning at the organizational level and strengthened its capacity to provide better support to private midwives working the districts. UPMA submitted a grant proposal to USAID and UPHOLD. This grant proposal for the first year has been approved and paves the way for UPMA to support the delivery of maternal health services throughout the private sector.

Traditional healers continue to play a very important role in the delivery of health care in Uganda especially in HIV/AIDS, given limited access to antiretroviral drugs and psychosocial support. Through two gatekeeper and network organizations namely Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases (THETA) and Natural Chemotherapeutics Laboratory (NCRL), UPHOLD gained access to support the improved quality of palliative care services provided by traditional healers in 5 districts in the country.

THETA is a Ugandan non-governmental organization promoting effective collaboration between public sector health care providers and traditional healers. NCRL is an official agency of the MOH whose mandate is to investigate, document and promote the effective use of natural chemotherapeutics (i.e. medicines and treatments using natural plants to provide traditional therapies for illness). Although both organizations have complementary roles in providing technical assistance to traditional healers in HIV/AIDS, their collaboration has been limited.

UPHOLD therefore provided technical and financial support to the two groups fostering collaboration and effective public-private partnerships for HIV/AIDS prevention and mitigation. A joint proposal is currently in the process of development and is expected to provide a mechanism for technical and financial assistance to the two organizations. UPHOLD also sponsored staff members to attend an international AIDS conference where a joint work plan was drafted.

These examples of collaboration demonstrate improvement in the quality of services offered to people living with HIV/AIDS and their families as well as strengthened public-private partnerships in UPHOLD supported districts.



Monitoring and Evaluation Goals and Achievements

UPHOLD has drafted a **Monitoring and Evaluation Plan** which works within existing USAID, GOU and MOH parameters to detail concrete actions with a view to collect valid and reliable baseline information. The Plan was based on a framework that utilizes USAID's Strategic Objective 8. In addition to meeting USAID data requirements, it is aligned to the GOU's existing data collection systems (i.e., the Health Management Information System and the Education Management Information System). Another key feature of the plan is the utilization of data sources such as the Uganda Demographic and Health Survey and the Education sector equivalent, among others, to establish baseline data for UPHOLD program interventions. A final draft of UPHOLD's Monitoring and Evaluation Plan has been submitted to USAID for approval and was also sent to AIC, TASO, MOH and MOES for review.

An emergent partnership was initiated with the UACP and The World Bank to implement systems and processes on the use of Lot Quality Assurance Sampling (LQAS) to obtain district data for monitoring purposes. UPHOLD's Action Research Specialist attended a five-day workshop—the first in a series of workshops—dedicated to building national capacity in the use of this methodology. The LQAS will be tested in a number of districts under UACP leadership with UPHOLD and AIM participation.

STRENGTHENED ENABLING ENVIRONMENT



Increased Community Participation and Advocacy

The accomplishments of UPHOLD in the last year have been largely due to the collaborative efforts with community members and partners. UPHOLD worked towards improving linkages between various communities and resources with the goal of strengthening the enabling environment.

At the central level, UPHOLD worked closely with MOH, WHO and other partners to establish guidelines for Reproductive Health Service Delivery at Community Level. UPHOLD also initiated technical planning sessions with various partners to discuss the Partner Defined Quality (PDQ)

approach, piloted in Nakasongola, in various technical areas. Partners include the MOH Yellow Star Programme, Save the Children–US and Uganda National Health Consumers Organization (UNHCO). As a result, partnerships have been strengthened and community involvement mechanisms have been bolstered.

Implementation of Effective Sectoral and National Policies

The program's commitment to bridging activities at the district level with central level policies has produced marked results. UPHOLD provided technical assistance as well as organized and hosted meetings to increase dialogue and joint planning between MOH, MOES and MGLSD on

operationalizing the School Health and Nutrition Policy. UPHOLD also participated in the review meeting for the Nutrition and Early Childhood Development Programme (NECDP), which resulted in the development of an advocacy tool to raise awareness and increase resources. This initiative



Kyenjojo primary pupils' singing before parents

also led to strengthened linkages between the health systems and existing distribution outlets, dissemination of an anaemia policy at the district level, development of tools to quantify micronutrient requirements and, finally, facilitated synergies and an integrated approach to anaemia management.

Grant Efforts

In addition to the local government grants detailed in earlier sections, UPHOLD worked with community partners to facilitate the development of grant proposals. A grants strategy was written and approved by USAID. This strategy includes a vision, mission, conceptual framework and overall approaches on how a results-oriented \$15 million grants portfolio will be managed and organized.

UPHOLD also provided programmatic and financial support to AIDS Information Center (AIC) and The AIDS Support Organization (TASO). As of December 2003, UPHOLD had disbursed funds totaling \$3,183,640 to AIC and \$2,445,414 to TASO.

Other support to these organizations included:

- Direct contributions and technical guidance via various board meetings, quarterly meetings and donor meetings.
- Participating in staff hiring for key positions at AIC.
- Providing finances for staff members from AIC and TASO to attend various national and international meetings, including a monitoring and evaluation workshop held in South Africa.
- UPHOLD financial specialists worked closely with AIC to improve AIC's financial reporting system.
- UPHOLD staff worked closely with the AIC public relations department to prepare them for a visit to Uganda in December by Mr. Tommy Thompson, US Secretary of Health and Human Services.

KEY ACCOMPLISHMENTS FOR TASO

15,934 new clients

(15% increase from 2002)

75,263 counseling sessions

(9% increase from 2002)

163,463 medical sessions

(40% higher than in 2002)

1,708 children supported

under the various schemes

9,160 clients provided

with food assistance



23% increase of individuals counseled
29% increase of individuals treated
73% increase of medical sessions
conducted at outreach clinics.

- Completion and inauguration of new TASO premises in Mulago Hospital
- Recruitment of staff for a new TASO centre in Gulu
- Establishment of a Regional Centre in Mbarara and a mini TASO in Kabale and Kasese
- Participation in the Support to International Partnership Against HIV/AIDS in Africa (SIPAA) project through training in Ghana and Ethiopia
- Mainstreaming Septrin prophylaxis in TASO
- Rapid Enhancement of the human and non-human capacity of TASO
- TASO hosting several high dignitaries including President Museveni and President Bush
- Provision of ARVs to various clients: TASO Entebbe received ART for close to 400 of its clients under the DART trial; In Tororo, a partnership project with CDC provided ARVs under the HBAC Project to 600 clients; In Masaka, approximately 40 TASO clients gained access to ARVs
- Developing a strategy of incorporating ARVs into its service package when they become available in 2004.

KEY ACCOMPLISHMENTS FOR AIC

126, 203 new clients

served with VCT services (11.6 % increase from 2002)

7,753 youth served

(13 – 25 years of age at 2 youth-friendly VCT sites in the Kampala area)

5,453 new clients screened for TB

in addition to receiving VCT services.

5,653 enrolled in the AIC post-test clubs

under the Philly Lutaya Initiative.

4,538 new clients received medical care

in addition to receiving VCT services.

50,984 new clients tested for syphilis

550,118 condoms distributed

during VCT sessions and outreach activities.

427 new VCT counselors were trained

279 will serve Uganda facilities and the others were from other countries.

60 laboratory technicians trained

153 persons living with HIV/AIDS trained

on how to go public with their status among others

1,020 new clients received family planning services

One new main branch opened

in Lira which will serve Apac, Lira, Gulu and Kitgum districts.

17 new VCT sites opened

and are functional in Apac (5), Lira (7), Gulu (3) and Kitgum (2).

300 weekly radio talk shows

on VCT reaching 8 to 10 million adults every week



CONSTRAINTS AND CHALLENGES

Conflict

Since UPHOLD's inception, the number of participating districts that have experienced intensified conflicts and/or heightened insecurity has increased from 4 to 8. Start up initiatives have remained relatively constrained by difficulties of access and increased cost of delivering services to beneficiary groups in these areas. Despite this, initiatives responding to the needs of the communities were implemented. UPHOLD continues to explore flexible approaches for delivering services and internally displaced persons remain an important program focus. UPHOLD has intensified its monitoring of the day-to-day events using multiple sources of information. As a result, there have been shifts in the approach to service delivery in conflict settings with MOH calling on the need for a more flexible approach to the delivery of services and the districts taking a proactive stance to critically appraise the nature of donor support in mitigating the effects of conflict.

Rationalizing the Balance Between Central Level and District Level Investments

Experience over the year suggests that disproportionate draw down of technical staff's time towards central level activities, if not satisfactorily managed, could significantly undermine progress in district level implementation. Rationalizing a balance between the two levels consequently presents an important challenge. In this respect, UPHOLD continues to hold discussions around the allocation and use of staff time and is developing a common understanding of the role UPHOLD should play in facilitating effective coordination and synergies between these levels.

Variable District-CSO Participation

Based on interactions with district council and technical specialists to date, there is significant variability between districts in the quality of participation of civil society organizations (CSO) and the private sector in district planning and consultations. Mindful of the importance of CSO and private sector involvement in advancing poverty eradication strategies, UPHOLD will work closely with districts, CSOs and the private sector to help clarify their roles and facilitate opportunities for effective partnerships.

Accountability in Districts

The Ugandan Parliament has recently intensified its process of enforcing systems of accountability in district operations. The process has reaffirmed the need for program arrangements to foster the conditions of accountability for results and the resources used to produce them. Ugandan Government procedures for accountability provide a sound basis for working with district governments under UPHOLD financial and technical support.

LOOKING AHEAD

With a now well-established system for partnerships and consultations in place, in 2004, UPHOLD will deepen its investments targeted at **translating program plans and proposals of partners in participating districts into results at the people level**. In this respect, particular emphasis will be given to those activities that are integrated or which overlap at least two sectors of health, education and HIV/AIDS. Examples of such program areas include school health and nutrition, prevention of mother-to-child-transmission of HIV/AIDS and integrated management of childhood illnesses. Also included is the implementation of guidelines for Community Development in Reproductive Health currently being advanced by MOH and WHO.

UPHOLD will **intensify its grants making program** to target NGOs and community-based organizations. These grants will be applied to health, education and HIV/AIDS initiatives and shall be structured in a way that fosters competition, innovation and a sense of ownership by communities and district governments. UPHOLD is also excited about working very closely with the MGLSD to **strengthen the roles of community development officers** to promote the use of social services in the community level. The potential of this cadre of workers is yet to be fully realized for the benefit of Ugandans.

At the district and sub-district level, the results of a study of the relationships between civil society organizations and district governments will be used to guide interventions for improving public private partnerships that advance more effective social services interventions leading to **poverty eradication**. UPHOLD will work closely with participating district governments affected by conflict to increase more focus in program choices that are mindful and responsive to the particular needs of internally displaced persons. UPHOLD will retain a flexible approach in how conflict areas are supported both in financial and technical terms, mindful; of applicable USAID and GOU policies.

Additionally, UPHOLD will join with other partners, at central and district levels to assist districts set up and utilize a system for **routine collection of information** using Lot Quality Assurance Sampling (LQAS). UPHOLD will especially work closely with the planning departments of Ministry of Health, Ministry of Education, UAC, World Bank and AIM. Used in tandem with existing management information systems, LQAS has potential to promote decentralized planning and evidenced-based targeting and allocation of resources for results.

We proceed into 2004 with strong goals and expectations, guided by a clear strategic roadmap and supportive partners. UPHOLD remains committed to our long-term objectives of providing services that assist Ugandans to achieve longer and more productive lives. We are enthusiastic about the momentum we have garnered in this first year as well as the lessons we have learned and look ahead to the future with focus, confidence and dedication.

APPENDICES

A. Population Characteristics of UPHOLD Supported Districts

B. UPHOLD Staffing

C. UPHOLD Documents

D. Mayuge District Case Study

E. Acronyms

F. UPHOLD 2003 – The Year at a Glance

APPENDIX A

POPULATION CHARACTERISTICS OF THE 20 UPHOLD-SUPPORTED DISTRICTS

DISTRICT NAME	MALES	FEMALES	TOTAL POPN	WOMEN OF REPROD AGE	CHILDREN <1YR	CHILDREN <5YR	ADOLESCENT	EDUC_CLASS ROOMS	GOVT TEACHERS	CHILDREN ENROLLED IN SCHOOL
ARUA	409,203	445,852	855,055	196,662	42,752	171,011	196,662	2,456	5,444	304,052
BUGIRI	206,902	219,620	426,522	98,100	21,326	85,304	98,100	1,085	1,889	124,229
BUNDIBUGYO	103,152	109,732	212,884	48,963	10,644	42,576	48,963	564	1,081	59,207
BUSHENYI	349,051	374,376	723,427	166,388	36,171	144,685	166,388	3,287	4,229	242,310
GULU	228,181	240,226	468,407	107,733	23,420	93,681	107,733	1,625	2,382	148,281
KAMULI	346,847	365,232	712,079	163,778	35,603	142,415	163,778	1,962	2,941	206,241
KATAKWI	148,604	158,428	307,032	70,617	15,351	61,406	70,617	889	1,725	83,471
KITGUM	139,375	146,747	286,122	65,808	14,306	57,224	65,808	722	1,352	86,022
KYENJOJO	189,255	191,107	380,362	87,483	19,018	76,072	87,483	843	1,336	91,829
LIRA	373,974	383,789	757,763	174,285	37,888	151,552	174,285	2,780	4,143	208,679
LUWERO	234,916	239,711	474,627	109,164	23,731	94,925	109,164	1,921	2,681	137,450
MAYUGE	159,480	167,087	326,567	75,110	16,328	65,313	75,110	570	1,633	102,305
MBARARA	537,005	552,046	1,089,051	250,481	54,452	217,810	250,481	2,861	5,704	293,086
MUBENDE	354,993	351,263	706,256	162,438	35,312	141,251	162,438	1,771	3,103	163,317
NAKAPIRIPIT	76,892	76,970	153,862	35,388	7,693	30,772	35,388	158	257	20,880
PALLISA	253,030	269,224	522,254	120,118	26,112	104,450	120,118	1,489	2,435	154,460
RAKAI	232,262	239,544	471,806	108,515	23,590	94,361	108,515	1,469	3,249	120,331
RUKUNGIRI	144,875	163,821	308,696	71,000	15,434	61,739	71,000	1,236	1,740	79,999
WAKISO	462,277	495,003	957,280	220,174	47,864	191,456	220,174	1,638	2,765	115,593
YUMBE	127,092	126,233	253,325	58,264	12,666	50,665	58,264	429	1,451	80,955
TOTAL	5,077,366	5,316,011	10,393,377	2,390,469	519,661	2,078,668	2,390,469	29,755	51,540	2,822,697
National Total	12,124,761	12,624,216	24,748,977	5,692,265	1,237,449	4,949,795	5,692,264	67,980	118,784	6,421,746
% of National Total	42	42	42	42	42	42	42	44	43	44

Sources: National Bureau of Statistics (Population and Housing Census 2002)

Ministry of Education - Education Management Information System (EMIS)

APPENDIX B

UPHOLD STAFFING - DECEMBER 2003

NAME	POSITION
Abeja Apunyo	Reproductive Health Specialist
Agnes Kazibwe Mukasa	Stores Administrative Assistant
Agnes Kiggundu	Accountant
Alex Riolexus Ario	Communicable Diseases Officer - NE Region
Alice Mundaka	Community Participation Coordinator -Central Region
Andrew Tumusiime	Driver
Barbara Durr	Deputy Chief of Party - Operations
Benon Webare	Regional Director - SW Region
Betty Mpeka	Communicable Diseases Specialist
Charles Dickens Otin	Community Participation Coordinator - NE Region
Charles Okidi	Driver
Charles Onen	Driver
Chris Opit	IT Manager
Christine Oryema-Lalobo	Regional Director - North Region
David Abwang	Community Participation Coordinator -NE Region
David Bawunha	Driver
Dorothy Aanyu Angura	Teacher Effectiveness & Child Learning
Elizabeth Ekochu	Quality Assurance Specialist
Emmanuel Musabimana	Cleaner
Flavia Kayenje	Receptionist
Florence Owoyesimiire	Office Assistant
Francesca Akello	Community Participation Coordinator - North Region
Geoffrey Olupot	Monitoring & Evaluation Coordinator
Godfrey Erukwaine	Community Participation Coordinator - Eastern Region
Godfrey Magumba	Private Sector Specialist
Grace Isharaza Birabwa	Community Participation Coordinator - SW Region
Grace Kwehangana	Driver
Harriet Malinga	Administrative Assistant
Hassan Ochom	Driver
Humphrey Megere	Child & Adolescent Health Specialist
James Charles Okello	Regional Director - NE Region
James Ekaal	Driver
Jenny Panow	Deputy Chief of Party - Finance, Administration and Grants
Kimberly Dixon	Grants Manager
Linda Apecu	Finance/Administrative Assistant
Lydia Clemmons	Deputy Chief of Party - Technical
Mark Olowo	Finance/Administrative Assistant
Martin Kaleeba	Regional Director - Eastern Region
Megan Thomas	Education Management Systems Advisor
Micheal Ojok	Office Assistant
Micheal Okello	Cleaner

UPHOLD STAFFING - DECEMBER 2003 (contd.)

NAME	POSITION
Milly Ayot	Office Attendant
Moses Kiema	Finance Manager
Moses Mutebi	Communicable Diseases Officer - Eastern Region
Naboth Muhereza	Driver
Naomi Nakamatte	Community Participation Coordinator - Eastern Region
Nosa Orobato	Chief of Party
Patrick Achaye	Driver
Perusi Barata	Finance/Administrative Assistant
Peter Ndawula	Accountant
Rita Laura Lulua	Community Involvement in Education Coordinator
Robert Mugenyi	Driver
Rosette Asiimwe	Administrative Assistant
Sammy Musoke	Senior Education Specialist
Sarah Nyakabwa	Finance/Administrative Assistant
Stella Kirya	Administrative Assistant
Steven Mbabazi	Driver
Steven Mutyaba	Office Attendant
Sulaiman Nsamba	Driver
Suzan Mwebembezi	Community Participation Coordinator - Central Region
Vivien Bakainaga	Human Resource/Administrative Manager
Winnie Babihuga	Regional Director - Central Region
Winnie Were	Office Assistant
Xavier Nsabagasani	Action Research Specialist
Zachary Lubwama	Administrative Manager

APPENDIX C

UPHOLD DOCUMENTS 2003

1. UPHOLD Start Up – Trip Report, January 2003
2. Northern Strategy
3. Grant Strategy
4. Monitoring and Evaluation Framework
5. Situation Analysis for UPHOLD's Strategic Planning
6. Quarterly Report, October 1 – June 30, 2003
7. Quarterly Report, July 1 – September 30, 2003
8. School Health and Nutrition Strategic Framework in Uganda, September 23, 2003
9. Annual Work Plan, April 2003 – March 2004
10. UPHOLD Strategic Framework, April 2003 – March 2004
Working Document for Dialogue with District Stakeholders
11. A Review of the Local Government Budget Framework Papers, 2003/04 – 2005/06
Summary of Objectives and Priorities in Health, Education, Community Development and HIV/AIDS for 12 Selected Local Governments, May 1, 2004
12. Overview of National Policies and Priorities Related to UPHOLD's Strategic Framework, May 1, 2003
13. Integrated Health Strategy, November 24, 2003
14. Integrated Education Strategy, November 24, 2003
15. Advancing UPHOLD's Health Strategies and Plans – Trip Report, September 29 – October 14, 2003

APPENDIX D

MAYUGE DISTRICT CASE STUDY: THE PROCESS OF STRENGTHENING HUMAN CAPACITY FOR PLANNING, MANAGEMENT AND MONITORING

In May 2003, UPHOLD received confirmation from the Ministry of Health, Ministry of Education and Sports and USAID that Mayuge District was among the 20 selected for UPHOLD to work in. Below, is a chronicle of the steps taken to engage Mayuge District officials in the process of introducing UPHOLD and its objectives to the district as well as learn of the district's priorities. The culmination of this exercise was the production of a proposal targeted to increase coverage as well as the quality of services in the area of health, education and HIV/AIDS. During this period, an estimated 152-person hours was expended by UPHOLD and represents the technical assistance offered through a negotiated process.

Early June 2003: Introductory visit by 2 UPHOLD staff.

June 25, 2003: Stakeholders Meeting with 4 UPHOLD staff and 1 USAID staff.

Late July, 2003: District contact person for UPHOLD was appointed by the CAO to coordinate other district technical departments to develop a consolidated district plan and budget.

1st week of August, 2003: District departments of health education and HIV/AIDS embarked on the process of drafting their plans and budgets based on the situational analysis information that was presented at the first Stakeholders' Meeting.

August 27, 2003: The Eastern Region Director with technical staff from the UPHOLD Kampala office made a planning support visit to the district. The meeting was attended by the DDHS, the DEO and the DHV. The UPHOLD team clarified policy issues related to the district proposal (e.g. policies regarding funding of infrastructure development and purchases of capital equipment) as well as the need for district teams to develop realistic plans that are based on the situational analysis and the priorities identified during the first Stakeholders' Meeting. The team also reviewed the district's draft proposals and provided specific feedback on the objectives and the activities. Additional recommendations included the format for the district proposal, implementation roles of private sector organisations, and a focus on quality assurance.

MAYUGE DISTRICT CASE STUDY (contd.)

September 2, 2003: The Mayuge district team submitted the second draft proposal to the UPHOLD Eastern Regional office. The proposal was reviewed by the technical team in the Kampala office. During the review, the UPHOLD team came up with specific recommendations for all the activities. Also general comments were made that would guide the district to come up with more realistic plans. These included the need for the districts to i) come up with at least five SMART objectives, ii) use standard rates/prices for their budget calculations, and iii) involve the private sector in the implementation of the planned activities. The comments were written down and copies were given to the Mayuge district team.

September 5, 2003: Although the Mayuge district team tried to address the comments, they had some difficulties in making progress. A third support visit was therefore made by UPHOLD's Regional director and Communicable Diseases Officer based in the Jinja regional office. The technical feedback comments were thoroughly discussed with the district team and a date for the submission of the third draft was agreed (22nd September).

September 25, 2003: A fourth support visit was made by UPHOLD staff from the region and the technical team from Kampala to review and discuss the development of the third draft. During the technical review of the third draft, the UPHOLD team realised that many of the comments that had been made earlier had still not been incorporated. The UPHOLD team invited the district team to engage in intensive work sessions with UPHOLD staff at the Eastern regional office to improve the proposal during the first week of October.

First week of October, 2003: The outcomes of the work sessions between UPHOLD and the Mayuge District team included: improved objectives, specific actions that would lead to the realisation of the objectives, inclusion of collaboration with civil society organisations, and an improved narrative section of the proposal.

UPHOLD approval confirmed in late November 2003 and sent to USAID for final approval.

APPENDIX E

ACRONYMS

ABEK	Alternative Basic Education for Karamoja
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ART	Antiretroviral Therapy
ARVS	Antiretrovirals
AYA	African Youth Alliance
BCC	Behaviour Change Communication
BCS	Behaviour Change Strategy
BEUPA	Basic Education for Urban Poverty Areas
BTL	Breakthrough to Literacy
C/U	Church of Uganda
CAO	Chief Administrative Officer
CBMIS	Community Based Management Information System
CBO	Community Based Organization
CCT	Coordinating Centre Tutor
CDA	Community Development Assistant
CDC	Communicable Disease Control
CDC–Uganda	The Centers for Disease Control & Prevention
CDFU	Communication for Development Foundation Uganda
CDO	Community Development Officer
CHAI	Community HIV/AIDS Initiative
CMS	Commercial Marketing Strategy
COPE	Complementary Opportunities for Primary Education
CORPs	Community Owned Resource Persons
CPD	Continuous Professional Development
CSO	Civil Society Organization
DART	Development of Anti Retroviral Therapy in Africa
DDHS	District Director of Health Services
DEO	District Education Officer
DHAC	District HIV / AIDS Committee
DHMT	District Health Management Team
DHV	District Health Visitor

ACRONYMS (contd.)

DIS	District Inspector of Schools
DOTS	Directly Observed Therapy Short Course
DTPC	District Technical Planning Committee
ECD	Early Childhood Development
EMIS	Education Management Information System
ESA	Education Standards Agency
ESC	Education Service Commission
ESIP	Education Strategic Investment Plan
EUPEK	Enhancement of UPE in Kampala
FAL	Functional Adult Literacy
FBO	Faith Based Organization
FLEP	Family Life Education Programme
FPAU	Family Planning Association of Uganda
GEM	Girls' Education Movement
HBAC	Home Buyer Assistance Center
HBMF	Home Based Management of Fever
HC	Health Centre
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSD	Health Sub-District
HSSP	Health Sector Strategic Plan
IEC	Information Education and Communication
IGA	Income Generating Activity
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Net
KAP	Knowledge, Attitude and Practice
LGDP	Local Government Development Programme
MFPED	Ministry of Finance Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOST	Micronutrient Operational Strategies and Technologies
MOU	Memorandum of Understanding

ACRONYMS (contd.)

MTCT	Mother – to – Child Transmission of HIV/AIDS
NCDC	National Curriculum Development Centre
NCRL	National Chemotherapeutics Research Laboratory
NECDP	Nutrition and Early Childhood Development Programme
NGO	Non – Governmental Organization
NHP	National Health Policy
NSARWU	National Strategy for the Advancement of Rural Women in Uganda
O.R	Operational Research
OVC	Orphan and Vulnerable Children
PDC	Parish Development Committee
PEAP	Poverty Eradication Action Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PIASCY	Presidents Initiative on AIDS, Communication Strategy for the Youth
PLE	Primary Leaving Examination
PLWA	Persons Living with AIDS
PMTCT	Prevention of Mother–to–Child Transmission
PTA	Parents and Teachers Association
PTC	Primary Teachers' College
PVO	Private Voluntary Organization
RDC	Resident District Commissioner
SFG	School Facility Grant
SIPAA	Support to International Partnership Against HIV/AIDS in Africa
SMC	School Management Committee
SOW	Scope of Work
SP	Sulphadoxine / Pyrimethamine
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TASO	The AIDS Support Organization
TB	Tuberculosis
TDMS	Teacher Development and Management System
THETA	Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases
TOR	Terms of Reference

ACRONYMS (contd.)

UACP	Uganda AIDS Control Project
UDHS	Uganda Demographic and Health Survey
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Education Fund
UPE	Universal Primary Education
UPHOLD	Uganda Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
VACS	Vitamin A Capsule Supplement
VCT	Voluntary Counseling and Testing
VHT	Village Health Team
WHO	World Health Organization
YSP	Yellow Star Program

IR 8.1 IMPROVED EFFECTIVE USE OF SOCIAL SERVICES	DISTRICT LEVEL CAPACITY BUILDING & SERVICE DELIVERY	CENTRAL LEVEL POLICIES AND SYSTEMS
IR 8.1.1 Improved Quality	<ul style="list-style-type: none"> • Senior Health officials (Luweero District) and HIV/AIDS Managers (AIC) gained skills in applying Quality of Care concepts to their work and developed action plans. • Emergency Liaison Officer hired to assure planning, implementation and supervision of malaria control activities in Gulu and Kitgum IDPs. • District draft work plans promoting a culture of reading and effective literacy practices in 20 schools and their communities prepared. • Six local government work plans and budgets prepared and ready for funding. • Two versions of a draft concept paper for a joint Traditional Healers and Modern Health Practitioners together against AIDS (THETA)-National Chemotherapeutics Research Laboratory (NCRL) grant proposal were reviewed. • Senior managers gained skills in application of QA concepts in their departments and developed frameworks for Quality Improvement interventions. • Gained deeper understanding of project management and practiced skills in leadership. • Phase I of CSO research completed and the draft report under review as of the date of this report. • Potential areas of collaboration and TA needs for private sector organization, to be supported by UPHOLD identified. 	<ul style="list-style-type: none"> • Yellow Star Program (YSP) Working Group meeting to plan activities in 6 districts held. • CDFU grant proposal to review, pretest, revise and produce communication resources for YSP written and approved for funding. • Yellow Star Program training manual updated to increase community involvement component to include utilization of MGLSD Community Development Officers and Assistants. • Commitment of Ministry of Health and Ministry of Education and Sports to explore Partnership Defined Quality approach and support its eventual scale up to increase community involvement in the health and education sectors secured. • Way forward charted for finalizing the draft TB plans for Global Fund support • Recommended appropriate modifications for Malaria Prevention and Control activities in the draft • Better understanding of concepts and approaches for malaria prevention and control in the Eastern Africa Region. • Sharing of experiences of malaria control activities from different countries, the challenges faced and the approaches used to overcome the challenges. • Better version of the private sector strategic framework (including the matrix), annual work and budget proposals • UPMA has managed to carry out training and follow up of its members in IMCI using its own trainers recently developed with support of UPHOLD. There is increasing capacity of UPMA to manage its own IMCI training • The UPMA's final proposal was submitted to UPHOLD on 14 November 2003. • Increased understanding and collaboration with central ministries. • Worked with central level MoH to define risk of yellow fever from the neighbouring Sudan and have translated this information to the DHMTs of the 2 districts. No suspected disease outbreaks have been reported from these districts so far.

IR 8.1 IMPROVED EFFECTIVE USE OF SOCIAL SERVICES	DISTRICT LEVEL CAPACITY BUILDING & SERVICE DELIVERY	CENTRAL LEVEL POLICIES AND SYSTEMS
IR 8.1.2 Increased Access & Availability	<ul style="list-style-type: none"> • Authorization to purchase Homapak received from USAID/Washington. • 302,000 doses of Homapak for 2-5 year olds purchased and distributed to Gulu and Kitgum IDPs. • 150,000 doses of Homapak for 2 month-2 year olds purchased and distributed to Gulu and Kitgum IDPs. • The beneficiaries for this Homapak are 150,000 children under 5 years. • 24,000 ITNs purchased for treated for malaria and transport to Gulu and Kitgum districts. • Key messages on malaria in pregnancy have been developed, currently working with the graphic designer to make posters • A community malaria treatment leaflet has already been printed in Luo • Draft proposal from MOH/Vector Control Unit to support schistosomiasis control in 8 districts reviewed 	<ul style="list-style-type: none"> • Draft plan of action for vector control for funding through the Global Fund prepared. • Thorough understanding of national policies gained through regular meetings as member of ITN Working Group
IR 8.1.3 Positive Behaviour Changes Adopted	<ul style="list-style-type: none"> • Creative concepts for communication resources pretested • Formative research on barriers to immunization and reasons for resistance to immunization conducted • Final research report on communication resources for immunization produced and distributed • Communication resources developed in 15 languages and distributed to 56 districts. • Consensus building among the various stakeholders in the district and the development of an integrated workplan undertaken. 	<ul style="list-style-type: none"> • Prepared and implemented national communication strategy promoting positive attitudes and behaviours for mass measles immunization campaign • Reviewed and funded proposal of the National Youth Forum targeting 10,000 youth with messages of abstinence and responsible sexual behaviour. • A large number of youth reached with messages encouraging responsible sexual behaviour.

IR 8.2 INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES	DISTRICT LEVEL CAPACITY BUILDING & SERVICE DELIVERY	CENTRAL LEVEL POLICIES AND SYSTEMS
IR 8.2.1 Improved decentralized planning, management and monitoring of services	<ul style="list-style-type: none"> • Consensus building among multi-sectoral stakeholders in 19 districts in district planning performed. • 20 draft district proposals (workplans and budgets) for integrated social services. • 2 district plans for improving partnerships between the health workers and communities in Luwero and Lira prepared. • Advocacy materials developed for political and civic leaders to use when mobilizing communities for services utilization. • Feedback on proposals from AMREF, NSWARU and SCF for school health and nutrition given to respective organizations • Feedback given on Madrasa proposal and final draft submitted to finance for financial review and submission to USAID for approval • Final comments given to Straight Talk Foundation proposal for Gulu, forwarded to finance for final review and submission to USAID for approval. • UPHOLD's IRH strategy that reflects national priorities, and responsive to district needs prepared. 	<ul style="list-style-type: none"> • Joint Vision, Mission Statements and Guiding Principles for UPHOLD and AIM were developed. • Participated in AIC efforts to improve management and quality of services. • Identified specific areas that UPHOLD can assist AIC strengthen in immediate future, including data management and action research. • AIC Medical Service Coordinator identified to coordinate integration of other health services into VCT at AIC branch offices. • Improved communication and dialogue with CMS on areas of collaboration for USAID-funded projects. • Improved understanding of what activities the Policy Project supports at district level across the country. • MOH Resource Center redesign HMIS forms to reflect vitamin A supplementation. • A collection of issues to be considered and included into the draft policy for education on HIV/AIDS. • UPHOLD's role in promoting access and availability of condoms finalized and ready for implementation.
IR 8.2.2 Increased Private Sector Role in Service	<ul style="list-style-type: none"> • Strengthened public-private partnership for IMCI at central level (IMCI/MOH) • Skills built in 20 private providers to provide quality IMCI services in Mbarara district • Increased collaboration between UPHOLD, MOH and WHO in IMCI and reproductive health. • Proposal from UPMA approved and ready for implementation. • AIC proposal clear on role regarding PMTCT and caters for expansion of other VCT services. • National guidelines for Community Involvement in RH finalized and available for district use • AMREF SHN proposal for 3 districts (Katakwi, Rukungiri and Pallisa) reflect national priorities for SHN. 	<ul style="list-style-type: none"> • Uganda Private Midwives' Association's (UPMA) first draft strategy and grant proposal submitted to USAID/UPHOLD. • Strengthened public-private partnership (MOH and three private sector agencies) to build capacity in social mobilization and strategic communication for mass measles immunization campaign • Strengthened public-private partnership and institutional capacity for support to traditional healers in HIV/AIDS mitigation (THETA and MOH/Natural Chemotherapeutics Research Laboratory) • Developed guidelines for inclusion of HIV/AIDS Management in IMCI strategy. • Developed AIC & TASO proposals for PEPFAR funding.

IR 8.3 STRENGTHENED ENABLING ENVIRONMENT	DISTRICT LEVEL CAPACITY BUILDING & SERVICE DELIVERY	CENTRAL LEVEL POLICIES AND SYSTEMS
IR 8.3.1 Increased community participation and advocacy	<ul style="list-style-type: none"> • Technical assistance to ADRA to develop grant proposal to improve ITN distribution and use through a strengthened community participation strategy. • A final draft of the concept paper for the NSWARU Community Nutrition Initiative was prepared. • Draft grant proposals received from NGOS: AMREF, AFRICARE and NSARWU (National Strategy for the Advancement of Rural Women in Uganda) for implementation of the initiative in 3 districts (Rakai, Mbarara and Rukungiri) • Materials procured for additional training of CORPs in HBMF. Consensus achieved on design of pre-intervention survey and 47% and 44% of previously trained CORPs reporting in Gulu and Kitgum respectively 	<ul style="list-style-type: none"> • Two workshops held for central and district level stakeholders on Partnership Defined Quality (PDQ) approach for health and education sectors leading to central stakeholder support for exploring and scaling up the approach. • BASICS' approach to strengthen Community-Health Facility dialogue and partnerships disseminated to MOH and other stakeholders, leading to central level support in adopting and scaling up the approach in the districts. • UPHOLD staff gained a better understanding of national level education policies, priorities and plans. This understanding has helped UPHOLD develop an Integrated Education Strategy consistent with these policies, priorities and plans.
IR 8.3.2 Effective national policies implemented	<ul style="list-style-type: none"> • More than 5 draft concept papers and/or grant proposals to support School Health and Nutrition in 5 districts (Katakwi, Luwero, Pallisa, Rukungiri and Wakiso) received from AMREF, Save The Children, the Child-to-Child Program and MOH/MOES. 	<ul style="list-style-type: none"> • Debrief and planning meeting for MOH, MOES, MGLSD, UNICEF and other partners on operationalizing the new School Health (and Nutrition) policy • Increased dialogue and strategic planning at central level to operationalise the School Health policy. • Renewed commitment of the MOH and MOES to finalize and disseminate the School Health policy. • Formation of National Injections Safety Steering Committee of which UPHOLD is a member. • Increased understanding of MOES plans to strengthen PIASCY. • TDMS/CCT evaluation report leading to recommendations supporting policy changes produced. • Draft national government policy governing Public Private Partnership for private health professionals. • Education Service Commission (ESC) workshops to develop a National Scheme of Service for Teaching Personnel completed and reports submitted to UPHOLD

IR 8.3 STRENGTHENED ENABLING ENVIRONMENT	DISTRICT LEVEL CAPACITY BUILDING & SERVICE DELIVERY	CENTRAL LEVEL POLICIES AND SYSTEMS
		<ul style="list-style-type: none"> • Increased understanding and collaboration between partners on activities relating to teacher effectiveness and a Whole School Development approach. • Favourable attitudes and support of central level decision/ policy-makers towards implementation of UPHOLD's teacher effectiveness and education management strategies in particular and UPHOLD's education strategy as a whole. • Improved coordination and harmonized activities for teacher effectiveness and education management, continuous sharing of lessons learned to facilitate scaling up of good practices and minimized duplication of activities by the various partners. • Clearer understanding of policies and strategies that can work in the private sector. Better support for district based private sector programs